STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155785	A. BUILDING 00 B. WING	02/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST RIVER HEALTH CAMPUS	714 S EICKHOFF RD EVANSVILLE, IN 47712

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F0000	This visit was for a Post Survey Revisit to the Recertification and State Licensure Survey, completed on 1/4/12. Survey Dates: February 16, 17, 2012 Facility Number: 012448 Provider Number: 155785 AIM Number: 201039500 Surveyor Team: Diane Hancock, RN- TC Vickie Ellis, RN Barbara Fowler, RN Amy Wininger, RN 2/16/12 Census Bed Type: SNF: 31 SNF/NF: 9 Residential: 62 Total: 102 Census Payer Type: Medicare: 29 Other: 73 Total: 102 Sample: 6 Residential sample: 3	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on 2/22/2012, by Bev Faulkner, RN			

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F0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure the plan of care was followed for 2 of 6 sampled residents reviewed for following the plan of care, in the sample of 6, in that daily weights were not completed as ordered and planned. (Residents #2, #4) Findings include: 1. The record for Resident #4 was reviewed on 2/16/12 at 1:33 P.M. According to the MAR [Medication Administration Record] and the TAR [Treatment Administration Record] from 2/2012, Resident #4 had an order from 11/27/11 to be weighed daily at 6:00 A.M. Resident #4 was to be given Zaroxolyn and Lasix [antihypertensive/diuretic medications] according to his weight. The medications were to be given for weight over 385 pounds. Resident #4 did not receive the medications on 2/9/12 as Resident #4 was not weighed on 2/9/12. There was no documentation of Resident #4 refusing his weight on 2/9/12. The resident's weights during 2/2012 had ranged from	F0282	F 282 Resident #4's MD has reviewed physician orders and plan of care and updated as MD felt medical necessary. Resident # 2 has been discharged from the campus. **Completion Date 3-9-2012** All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing will ensure implementation of the plan of care **Completion Date 3-9-2012** An in service was provided to nursing concerning following plan of care for daily weights and importance of daily weights. Systemic change is residents that are on daily weights will have a weight flow sheet kept in the MAR and weights will be obtained upon arising unless otherwise specified by the physician. Residents on daily weights will also be identified on the C.N.A. assignment sheet. **Completion Date 3-9-2012** DHS/designee will perform audit	03/09/2012

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	410.4 to 427.2. On query of the E.D. [Executive Director] and DoN [Director of Nursing] on 2/16/12 at 3:00 P.M., they indicated Resident #4 may have refused to be weighed. No further documentation was found. 2. A record review on 2/16/12 at 1:10 p.m., indicated Resident #2 had a physician's order, dated 2/8/12, for daily weights. He was admitted to the facility on that date following open heart surgery. The Treatment Record indicated Resident #2 had no daily weights documented for 2/11/2012, 2/12/2012, and 2/15/2012. In an interview on 2/16/12 at 1:50 p.m., with Resident #2, the resident indicated he had been weighed 3 times since his admission on 2/8/12. In an interview on 2/16/12 at 2:30 p.m., the Administrator and the Director of Nursing indicated Resident #2 had not been weighed on the above dates and they would get his weight for 2/16/12 that afternoon. This deficiency was cited on 1/4/2012. The facility failed to implement a systemic plan of correction to prevent		of all residents on daily weights to assure weight completed 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments **Completion Date 3-9-2012**	

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	recurrence. 3.1-35(g)(2)			

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F0312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review and interview, the facility failed to ensure residents received showers as scheduled for 2 out of 5 residents who required assistance with bathing, in the sample of 6. (Resident #4, #6) Findings include: 1. On interview on 2/16/12 at 1:40 P.M., Resident #4 indicated he had not received a shower in months. Resident #4 indicated he only received bed baths and he would like to have a shower. Resident #4 indicated he was awakened at 5:00 A.M., for his weight and he was given a bed bath at that time, but had not been offered a shower for several months. He indicated he had his hair washed outside the facility. Resident #4's clinical record was reviewed on 2/16/12 at 1:00 p.m. The record review of Resident #4's ADL [Activities of Daily Living], obtained on 2/16/12 at 2:40 P.M., indicated Resident #4 had not received a shower from 2/3/12 through 2/16/12. The 300 Shower	F0312	F 312 Resident #6 and #4 suffered no ill effects from the alleged deficiency Resident #6 and #4 have been interviewed by the DHS and SS to determine the type of bathing desired.**Completion Date 3-9-2012** All residents have the potential to be affected by the alleged deficient practice and through changes in provision of care and in servicing will prevent the recurrence of the deficient practice. All residents have been interviewed concerning their right to determine the type of bathing they receive at the campus and the residents decision has been placed on the C.N.A. assignment sheet and plans of care updated. **Completion Date 3-9-2012** In services have been provided to nursing staff concerning the bathing preference interview, communication of resident preference, and importance of routine bathing. Systemic change is upon admission residents will be interviewed for bathing preferences while at campus. The bathing preference will be communicated via the C.N.A. assignment sheet and the care plan.**Completion Date 3-9-2012**	03/09/2012

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	Schedule obtained on 2/17/12 at 8:55 A.M., indicated Resident #4 was to receive a shower on the day shift every Tuesday and Saturday. 2. Resident #6's clinical record was reviewed on 2/16/12 at 1:00 p.m. The resident was admitted to the facility on 1/20/12 with diagnoses including, but not limited to, congestive heart failure, hypertension, atrial fibrillation, and chronic renal disease. The resident's care plan, dated 2/2/12, indicated she needed assistance with a bath. Interview with the resident, on 2/16/12 at 1:45 p.m., indicated she had two showers since her admission. She indicated she would take a shower if offered. She indicated one shower had been that morning. Review of the nurse aide assignment sheet, provided by the Director of Nursing on 2/16/12 at 11:30 a.m., indicated the resident was scheduled for showers on Mondays and Thursdays during the day shift.		DHS and/or designee will monitor compliance with a tickler system to assure baths completed per resident preference 5x a week x 4 weeks then 3x a week x 4 weeks then weekly thereafter. Results of compliance audits will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/recommendations. **Completion Date 3-9-2012**	

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	Review of the ADL [Activities of Daily Living] record, on 2/16/12 at 4:00 p.m., documentation indicated the resident had a tub bath on 2/4/12 and a shower on 2/9/12. The Shower/Bath Skin Tracking Tool, dated 2/4/12, documented the tub bath. A Shower/Bath Skin Tracking Tool, dated 2/15/12, indicated the resident "did fine in shower." No other showers or tub baths were documented. This deficiency was cited on 1/4/2012. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-28(a)(2)(A)			